

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **3**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Professional Counseling Fund**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**12 / 23 / 2013**

**A. Mike Thompson for Congress**

Mailing Address

**1040 Main Street STE 101**

City

**Napa**

State

**CA**

Zip Code

**94559**

Purpose of Disbursement

**Campaign contribution**

Candidate Name

**Mike Thompson**

**011**

Category/  
Type

Amount of Each Disbursement this Period

**500.00**

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: **CA**

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**MM / DD / YYYY**

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**Category/  
Type**

Amount of Each Disbursement this Period

**Category/  
Type**

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**MM / DD / YYYY**

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**Category/  
Type**

Amount of Each Disbursement this Period

**Category/  
Type**

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**500.00**

**3500.00**

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